POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO

I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).							
I hereby app							
Practitioners associated with the Customer Number OR			25096				
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):							
Name		Registration Number		Name		Registration Number	
any and all naten	agent(s) to represent the underst applications assigned <u>only</u> to the orm in accordance with 37 CFR	he undersigned accor	ted States Patent and Tra	ademark Offi nment recor	ce (USPTO) ds or assignm	in connection with nent documents	
Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to:							
The address associated with Customer Number:			25096				
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Assignee Name and Address: Transpacific Plasma, LLC 2711 Centerville Road, Suite 400 Wilmington, DE 19808							
A copy of this form, together with a statement under 37 CFR 3.73(b) [Form PTO/SBJ96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Automorp is to be filled.							
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
Signature	1	- 7	Date		Fel.		
Name	Rebecca Tu		Telephone				
Title	Title Authorized Person for Transpacific Plasma, LLC						